

## The Elderly and Substance Use Disorders

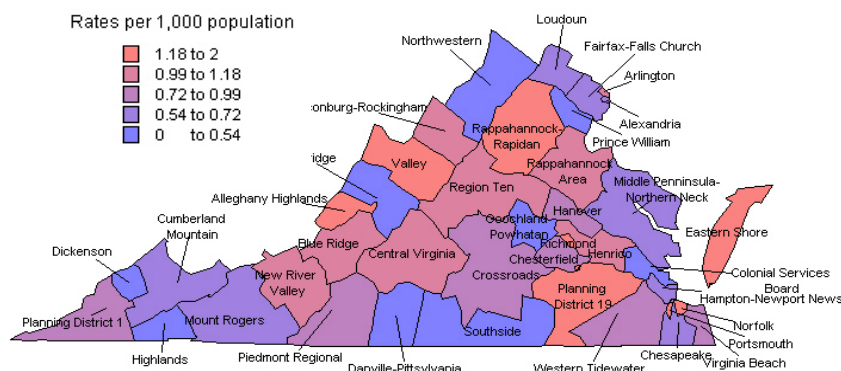
As the Baby Boom generation (those born between 1946 and 1964) reaches retirement age, the growth of the elderly population (65 and over) is expected to accelerate rapidly. According to the Census Bureau, the proportion of Virginia's population classified as elderly increased 19.2% between 1990 and 2000 and is expected to increase from 11.2 % of the current population to 17.9 % in 2025. Among the 50 states and District of Columbia, the state is projected to have 39th highest proportion of elderly in 2025.

The increase in the number of aging adults could have some serious impact on the substance use treatment system. Although not well documented, there is consensus in the substance use disorder field that substance abuse among older adults is a serious problem, especially with regard to alcohol and to a lesser extent, prescription drugs. Documenting the extent of substance use disorders (SUDs) among this population is challenging because the population is “hidden”, meaning they are no longer in the workplace, and are less likely to be picked up in the criminal justice system. SUDs are also often masked by physical and mental health problems, and are difficult to diagnose in medical settings as well (NEDS, 2002).

To begin to assess the need for treatment in Virginia's elderly population, OSAS is beginning to examine the trends in SUDs at the substate level. One indicator used to assess SUD treatment need is hospitalization discharges related to alcohol and drug use. In 2002, there were 711 admissions to private hospitals – general hospitals and specialized psychiatric facilities, related to alcohol or drugs for the elderly (65+) in the state. Figure 1 presents a map of the hospitalization rates by CSB catchment area. Of these 711 admissions, 61% were for males, and 83% were for whites.

Almost 70% of the admissions were from an Emergency Room, and about 25% were via physician referral. About 66% were discharged back to their home or under self-care.

### Figure 1



The average charge for an episode of care for a patient with an SA diagnosis was \$6,218. The average hospital charge for an episode of care for an elderly patient was \$9,033, which was significantly higher than the average charge for adults (\$5,946) or for juveniles (\$6,037). Overall, charges for the year 2002 for the elderly totaled \$6,422,503, almost 13% of the total charges for all patients with SA diagnoses (\$50,612,483). See Figure 2.

The average length of stay for the elderly was 5.5 days, significantly different from that of adults, which was 4.1 days. As noted earlier, most of the admissions were via the ER. These admissions were associated with an average charge of \$9,758, significantly higher than non-ER admissions (\$7,353). Interestingly enough, although the charges were higher, the Length of Stay for ER admissions (5.2) was significantly lower than that of non-ER admissions (6.2).

### Figure 2

